

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: *Green Anne*
 County *no* *Antreville*
 City or town *3542*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For new-born infants give residence of mother) *Green Anne*
 State *MD* County *Antreville*
 City or town *Antreville*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *Antreville*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME *Francis Addison Emery*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*
 6. (b) Name of husband or wife *Male Alice Emery*
 6. (c) If alive, give age *65* years
 7. Birth date of deceased (mo., day, yr.) *June 25 - 1882*
 8. AGE: Years *66* Months *1* Days *8* If less than one day
 hrs. min.

9. Birthplace *Antreville, Md*
 (Town, county, and state)
 10. Usual occupation *Farmer*
 11. Industry or business *Feeding the soul*
 12. Name *Addison Emery*
 13. Birthplace *Green Anne Cot*
 14. Maiden name *Laura Spencer*
 15. Birthplace *Galena, Kent Co. Md*
 16. Informant *Addison Emery*

Address *5031-17th St N.E. Washington D.C.*
 17. *Barise* Date thereof *Aug 4/48*
 (Burial, cremation, or removal) which (month) (day) (year)
 Cemetery or crematory *Whitefield*
 Location *Antreville, Md*
 18. Funeral director *Barton Bros*
 Address *Antreville, Md*

19. *8-3-* 19 *48* *Elie Armetraug*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug 7th* 19 *48* at *1 a.m.*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Aug 2nd* to *Aug 7th* 19 *48*
 and that I last saw him alive on *Aug 1st* 19 *48*
 Immediate cause of death

Chronic hypoxia
 Due to *of the heart*
 Due to *Chronic hypoxia*
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, pub'c place (where?)
 Means of injury Injured at work?

23. SIGNATURE *W. M. Thorne*
 M. D. or other *Antreville, Md*
 Address Date signed *8/5/48*

08613

1312

252

MARGIN RESERVED FOR BINDING

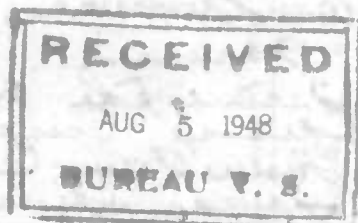
VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 dog Lass & Paul - Sister

Spring Paul, Joan - Cora & Tony



8824

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170c

Reg. Dist. No. 2.52

1. PLACE OF DEATH: *James Avenue*
 County *Chester Md*
 City or town *Chester*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Md* County *Queen Anne*
 City or town *Stommesville*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *170c*
 (If rural, give LOCATION)
 2.(a) If veteran, name war *Seems World War*

3. (a) FULL NAME *Howard Edward Gardner*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Single*

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Dec 5 - 1925* 6.(c) If alive, give age years

8. AGE: Years *22* Months *6* Days *30* If less than one day hrs. min.

9. Birthplace *Love Point, Md*
 (Town, county, and state)

10. Usual occupation *Waitress*

11. Industry or business

12. Name *Do not know*

13. Birthplace *Micah Gardner*

14. Maiden name *Chester Md*

15. Birthplace *Mrs Louis Louis Gardner*

16. Informant *Stommesville Md*

17. *Burial* Date thereof *Aug 6/48*
 (Burial, cremation, or removal, which?) (Month) (day) (year)

Cemetery or crematory *Angely Cemetery*

Location *Chester Md*

18. Funeral director *Barbra Brax*

Address *Centerville Md*

19. *8-6-* 19 *48* *Elie Armstrong*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug 4 - 1948* at *12-4* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19... to 19...

and that I last saw him alive on 19...

Immediate cause of death *Fracture of skull*
lower jaw + left leg DURATION

Due to *Result of being hit by an auto*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: *Accident* Date of *8/4-48*

Accident, suicide, or homicide *Accident* Date of *8/4-48*

Where did injury occur? *Stommesville* (City or town) *24* (County) *Md* (State)

Injured at home, farm, industry, public place (where?) *State Highway*

Means of injury *Struck by auto* Injured at work? *No*

23. SIGNATURE *W. Harry Fisher*

Address *Centerville Md* Date signed *8/5-48*

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 16 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Queen Anne's
 City or town Chester rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD. County Queen Anne's
 City or town Chester
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) if veteran, name war World War I

3. (a) FULL NAME

Kenley Telghuman Hampton

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Evelyn Hampton7. Birth date of deceased (mo., day, yr.) Sept 4 - 18938. AGE: Years 54 Months 11 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace 2 a Co. Md.
(Town, county, and state)10. Usual occupation Waterman & Farmer

11. Industry or business

12. Name Offa T. Hampton13. Birthplace 2 a Co. Md.14. Maiden name Dorville Thompson15. Birthplace 2 a Co. Md.16. Informant Mrs Evelyn Hampton wifeAddress Chester Md17. Burial Date thereof Aug 15 - 1948
(Burial, cremation, or removal which?) (month) (day) (year)Cemetery or crematory StevensvilleLocation Stevensville, Md18. Funeral director Chas J LaneAddress Church Hill Md19. Aug 16 48 Elizabeth Hopter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1948 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____, and that I last saw him _____ alive on _____ 19_____.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Henry FisherAddress Cantwell Md M. D. or other _____Date signed 8/12/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 24 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08615

254

1. PLACE OF DEATH:

County..... Queen AnneCity or town..... Groasonville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 1 1/2 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Pa. County.....City or town..... Philadelphia
(If outside city or town limits, write RURAL and give nearest town)Street No..... 1028 W. Silver St.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

Florence Elizabeth Sanford

3.(b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Charles Sanford

7. Birth date of

deceased (mo., day, yr.)

August 1, 1914

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

34015

hrs.

min.

9. Birthplace

Chester Pa.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER

12. Name

Ralph B. Mather

13. Birthplace

Bridgeton N.J.

MOTHER

14. Maiden name

Doris Parrott

15. Birthplace

Chester, Pa.

16. Informant

Mrs. Doris Ridgeway

Address

Groasonville Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 19, 1948
(month) (day) (year)

Cemetery or crematory

Arlington Hills Co. Pa.

Location

Philly Pa.

18. Funeral director

J. Ellis Clark

Address

Easton, Md.

19.

(Date rec'd by registrar)

19.

48N.H. Newnes

Registrar

23. SIGNATURE

William C. Ham, MD

M. D. or other

Address

Queentown, Md

Date signed

8-16-48

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 16 1948 at 3:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 1948 to August 16 1948and that I last saw him alive on August 16 1948

Immediate cause of death

Rheumatic Cardiovascular
Renal Disease

DURATION

9 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Mrs. George Aldridge
Registrar
Pocomoke, Md.

RECEIVED

AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne'sCity or town Grassville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all her life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Grassville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth May Shauck

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband Thomas W. Shauck6. (c) If alive, give age 67 years

7. Birth date of

deceased (mo., day, yr.)

May 2 - 1884

8. AGE:

Years 64Months 3Days 9

If less than one day

hrs. _____ min. _____

9. Birthplace

Grassville 20 Co Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Alexander Davis

13. Birthplace

Queen Anne's Co Maryland

MOTHER

14. Maiden name

Della May Andrews

15. Birthplace

Talbot Co Maryland

16. Informant

Thomas W. Shauck

Address

Grassville Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug 14, 48
(month) (day) (year)

Cemetery or place of

Grassville

Location

Grassville Maryland

16. Funeral director

Tractor Bros

Address

Centerville Maryland

19. Aug 14 1948

(Date rec'd by registrar)

19

Helen M. Aldridge
Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 111948 at 2 P⁰³ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 8thAug 111948 to Aug 11 1948and that I last saw him alive on Aug 11 1948

Immediate cause of death

cerebral thrombosis

DURATION

Aug 8, 1948

Due to

Arteriosclerosis (general)

Due to

Myocardial degeneration

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____

Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Reuben Sattelmair

M. D. or other

Address StevensvilleDate signed 8/11/48

CERTIFICATE OF DEATH

RECEIVED

AUG 19 1948

BUREAU

RECEIVED

AUG 19 1948

BUREAU

08617

Evidence for correction
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

FILM No. G 117 AUG 27 1948

1. PLACE OF DEATH:

County Green Anne
City or town Crumpton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Green Anne

City or town Crumpton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elma Spry

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Mrs. Spry - deceased
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 22 - 1868

8. AGE: Years 86 67 Months 5 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Hendricks

13. Birthplace Ind.

14. Maiden name Katherine Woodall

15. Birthplace Ind.

16. Informant Mrs. Ethel Ryland

Address Crumpton Ind.

17. Burial Date thereof Aug. 15 - 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crumpton

Location Crumpton Ind.

18. Funeral director Edgar L. Lane

Address Church Hill Ind.

19. Aug 14 48 Edgar L. Lane
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 19 48 at 11 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 19 48 to Aug 13 19 48

and that I last saw her alive on Aug 13 19 48

Immediate cause of death Cancer of uterus

DURATION

Due to _____

Due to _____

Other conditions Arteriosclerosis

Heart disease
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. Hendricks

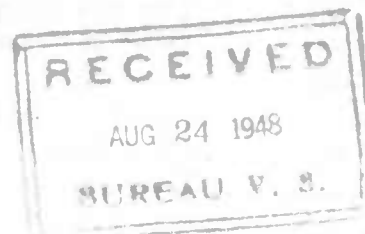
Address Hillington Ind. M. D. other 8/14/48

Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne
 City or town Kingston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Kingston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Vernon B. Stahl

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 8. (b) Name of husband or wife Mary Stahl
 7. Birth date of deceased (mo., day, yr.) October 19, 1904 8. (c) If alive, give age 44 years
 8. AGE: Years 43 Months 10 Days 6 If less than one day
 8. Birthplace Hanover, Penna.
 (Town, county, and state)
 10. Usual occupation Truck Driver
 11. Industry or business self

12. Name Robert Stahl
 13. Birthplace Penna.
 14. Maiden name Bertha House
 15. Birthplace Penna.

16. Informant Mrs. Harry Skinner
 Address Chestertown, Md.
 17. Burial Date thereof Aug. 28, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet
 Location Hanover, Penna. York County

18. Funeral director J. Willis Wells
 Address Chestertown, Maryland

19. Aug 26 48 Edgar D. Rand
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1948
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1948 to Aug 24 1948
 and that last saw him alive on Aug 24 1948
 Immediate cause of death Pulmonary Infection
 Due to subcutaneous
An. fistulae Trach 177
 Due to subcutaneous 2777
 Other conditions Percutaneous

(Include pregnancy within 3 months of death)

Major findings of operations houl
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide no Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, term, industry, public place (where?)
 Means of injury Trach stone 177
 Injured at work?
 23. SIGNATURE Edgar D. Rand M. D. or other 177
 Registrar Date Aug 26 48

RECEIVED
NOV 2 1948
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 252

1. PLACE OF DEATH:

County Queen Anne'sCity or town Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Lewis Starkey

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of _____ or wife

Annie Coby Starkey

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Jan - 17 - 1886

8. AGE:

Years

62

Months

6

Days

27

If less than one day

hrs.

min.

9. Birthplace

Bridgeport Caroline Co. Md
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name

Frank Starkey

13. Birthplace

Caroline Co. Maryland

14. Maiden name

Do not know

15. Birthplace

" " "
Edgar W Starkey

16. Informant

Address

107 Stanley Lane Calver Park

17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

Centerville, Maryland

19.

(Date reg'd by registrar)

Aug. 15 - 1948 Elsie Armstrong

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug - 13

19

48

at

15P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw h. _____ alive on _____ 19

Immediate cause of death

DURATION

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Harry Fisher

Address

Centerville Md

Date signed

8/15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen AnneCity or town Ham Millington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Nelson Nursing Home

How long in hospital or institution?

2 wks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chesutun
(If outside city or town limits, write RURAL and give nearest town)Street No. 817 High
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Nelson A. Williams

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Annie L. Williams6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.)

Sept. 27 1874

8. AGE:

Years

Months

Days

If less than one day

731015

hrs.

min.

9. Birthplace

Rock Hall, Kent Co. Md.
(Town, county, and state)

10. Usual occupation

labour

11. Industry or business

farm

FATHER

12. Name

Joseph W. Williams

13. Birthplace

Phila. Pa.

MOTHER

14. Maiden name

Martha Coleman

15. Birthplace

Rock Hall, Maryland

16. Informant

Mrs. Annie L. Williams

Address

817 High St. Chesutun, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Aug. 13 1948
(month) (day) (year)

Cemetery or crematory

Wesley Chapel

Location

Rock Hall, Maryland

18. Funeral director

Mamie V. Williams

Address

Chesutun, Maryland

19.

(Date rec'd by Registrar)

19

48

Edgar L. Kane
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1948, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/23 1948, to Aug 11 1948and that I last saw him alive on evening 8/3 1948

Immediate cause of death

Chronic Endo. Hypertension
Arteriosclerosis

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. A. Burgard

M. D. or other

Address

Rock Hall, Md.Date signed 8/14/48

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redam

moti be

NOITANUO

.yilacnaw

(edn32)

other

(awod 300

NOITANUO

RECEIVED

AUG 24 1948

BUREAU V. S.

(edn32)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **254**

1. PLACE OF DEATH:

County Queen Anne's
City or town Grassville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Queen Anne's
City or town Grassville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Ellie Gertrude Wilson

3. (b) Social Security Number

none

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Wm Wilson
deceased 6. (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) June 8-1868

8. AGE: Years 80 Months 2 Days 11 If less than one day hrs. min.

9. Birthplace Pa to Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name Perry Boulden

13. Birthplace Grassville Md

14. Maiden name Thelma Wallace

15. Birthplace Salisbury Md

16. Informant Daisy Cooper

Address Grassville Md

17. Burial Date thereof Aug 22-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pyron Chapel Churchyard

Location Grassville Md

18. Funeral director John S. Williams

Address Grassville Md
19. Aug 22-48 Helen M. Aedridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19th 1948 at 1058 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1948 to Aug 21 1948

and that I last saw her alive on Aug 16 1948

Immediate cause of death Arteriosclerosis DURATION about 10 years

Due to cerebral thrombosis Aug 14 1948

Due to nephrosclerosis several

Other conditions senility years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmeier M. D. or other Aug 21 1948
Address Stevensville Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

